




OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

POLICY BULLETIN #16-32-OPE

FORM UPDATES: FIA-1086O, FIA-1138, FIA-1165, 1165A, W-500G

<p>Date: April 6, 2016</p>	<p>Subtopic(s): Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The following forms have been updated on eDocs:</p> <ul style="list-style-type: none"> • Business Link Has A Great Career Opportunity For You! (FIA-1086o) • Do You Have Documents To Submit To The Human Resources Administration (HRA)? (FIA-1138) • Important Notice to Landlords Regarding City Family Eviction Prevention Supplement (CITYFEPS) Payment (FIA-1165) • Important CITYFEPS Notice The Amount You Have to Pay For Rent Is Changing (FIA-1165a) • Assignment Information Summary (W-500G) <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>FIA-1086o Business Link Has A Great Career Opportunity For You! (Rev. 3/4/16)</p> <p>FIA-1138 Do You Have Documents To Submit To The Human Resources Administration (HRA)? (Rev. 3/21/16)</p> <p>FIA-1165 Important Notice To Landlords Regarding City Family Eviction Prevention Supplement (CITYFEPS) Payment</p> <p>FIA-1165a Important CITYFEPS Notice The Amount You Have To Pay For Rent Is Changing</p> <p>W-500G Assignment Information Summary (Rev. 4/6/16)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Date: _____
 Case Number: _____
 Case Name: _____
 Center: _____

Business Link Has A Great Career Opportunity For You!

We are inviting you to a special pre-screening for the Shelter Exit Transition (SET) program. SET is a Human Resources Administration (HRA) program and the objective of the program is to help individuals in temporary housing to find employment that matches their skills and interests as a preparation for locating and moving to a permanent housing arrangement. The purpose of this scheduled session is to explain the SET program to you, answer any questions, and determine if this is an appropriate program for you. You have already been prescreened to qualify.

Please attend the session below at Business Link on:

Appointment Date: _____ Time: _____ Telephone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Travel Directions:

What should you expect when you arrive at Business Link?

- 1) Report to the front desk receptionist who will enter your information into our system and verify your eligibility. **Please bring your Benefit Card.**
- 2) If you choose to participate, you will sign a Participant Letter of Understanding (PLU).
- 3) If you choose to participate, you will then be assessed for your employment background, skills and interests. This pre-screening may take place in a group setting. **Please remember to bring a paper copy and an electronic copy of your resumé if you have one.**

Business Link has helped thousands of Cash Assistance recipients find jobs, and now we want to help you. We look forward to seeing you at Business Link.

Do you have documents to submit to the Human Resources Administration (HRA)?

You don't need to go to your Supplemental Nutrition Assistance Program (SNAP) Center to hand in documents. Visit any one of the locations below instead. It may be more convenient than going to your SNAP center. All of these locations will accept your documents on HRA's behalf.

For more information, please call one of your local Community Based Organizations (CBO's) listed below.

BRONX

DEPARTMENT OF PROBATION
198 East 161st Street
Bronx, NY 10475
Wednesday:
9AM-4:30PM

PHIPPS SOUNDVIEW COMMUNITY CENTER
1680 Seward Avenue
Bronx, NY 10473
Thursday: 9AM-4:30PM

BRONXWORKS – TOWNSEND
1477 Townsend Avenue
Bronx, NY 10452
(718) 588-3839
Monday and Wednesday:
9AM-5PM

PHIPPS
3125 3rd Avenue
Bronx, NY 10451
(212) 894-8060
Wednesday:
9AM-4:30PM

PART OF THE SOLUTION
2759 Webster Avenue
Bronx, NY 10458
(718) 220-4892
Monday, Tuesday,
Wednesday and Friday:
9AM-3PM

MANHATTAN

COMMUNITY KITCHEN OF WEST HARLEM
252 West 116th Street
New York, NY 10026
(212) 894-8060
Monday-Thursday: 9AM-3PM
Friday: 9AM-6PM

NEW YORK COMMON PANTRY
8 East 109th Street
New York, NY 10029
(917) 720-9705
Thursday and Friday:
3PM-4PM
Saturday: 12PM-2PM

SAMPLE

BROOKLYN

REACHING OUT COMMUNITY SERVICES
7708 New Utrecht Avenue
Brooklyn, NY 11214
(718) 373-4565
Tuesday-Thursday: 9AM-5PM

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL
145 East 98th Street
Brooklyn, NY 11212
(917) 819-3200
Monday and Tuesday: 9AM-5PM

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL
184 Wyckoff Avenue
Brooklyn, NY 11237
(718) 366-1830
Monday-Friday: 9AM-5PM

COMMUNITY SERVICE CENTER OF GREATER WILLIAMSBURG
378 Flushing Avenue
Brooklyn, NY 11205
(718) 865-8278
Monday-Thursday: 10AM-5PM

CAMBA
885 Flatbush Avenue
Brooklyn, NY 11226
(718) 287-0010
Monday-Friday:
9AM-5PM

STATEN ISLAND

PROJECT HOSPITALITY/ EL CENTRO
1546 Castleton Avenue
Staten Island, NY 10302
(718) 447-5483
Friday: 10AM-12PM

COMMUNITY HEALTH ACTION OF STATEN ISLAND (CHASI)
23 Hyatt Street
Staten Island, NY 10301
(718) 808-1800
Tuesday and Thursday: 12:15PM-5PM

QUEENS

DEPARTMENT OF LABOR FLUSHING
138-60 Barclay Avenue
2nd Floor
Queens, NY 11355
(212) 894-8060
Tuesday-Thursday:
9AM-4:30PM

URBAN UPBOUND OF LONG ISLAND CITY
38-81 13th Street
Queens, NY 11101
(718) 784-0877
Tuesday: 11AM-2PM

RIVER FUND
89-11 Lefferts Boulevard
Queens, NY 11418
(718) 441-1125
Monday-Friday: 8:30AM-4:30PM
1st Saturday of the month: 9AM-1PM



for an updated list of locations





Date: _____

Case Number: _____

Participant Name: _____

Important Notice to Landlords Regarding City Family Eviction Prevention Supplement (CITYFEPS) Payment

We are writing to inform you of a change in the Human Resources Administration's (HRA) method of payment for the City Family Eviction Prevention Supplement (CITYFEPS).

Beginning in May 2016, you will no longer receive a separate monthly CITYFEPS payment. Instead, you will now receive two separate semi-monthly CITYFEPS payments. The monthly CITYFEPS payment will be divided in half and issued as two semi-monthly payments. We needed to make this change to ensure proper issuance of the CITYFEPS payments through the established Welfare Management System (WMS).

The total shelter allowance that you will receive for the month has not changed. You will still be receiving the two Cash Assistance (CA) semi-monthly recurring shelter allowances, along with the two semi-monthly CITYFEPS payments. The sum of the two CA semi-monthly recurring shelter allowances, and the two semi-monthly CITYFEPS payments, will be equal to the sum of the two CA semi-monthly recurring shelter allowances and the monthly CITYFEPS rental assistance payment previously issued.

If you have any questions about a check you have received, please call HRA's Infoline at **(718) 557-1399**.



Date: _____

Case Number: _____

Case Name: _____

Important CITYFEPS Notice The Amount You Have To Pay For Rent Is Changing

This letter is about the CITYFEPS Program that you are a part of.

Since you now have income or more income than you had before, your Cash Assistance (CA) case was closed on _____, and you will not be receiving CA shelter allowance anymore.

As a temporary measure and until further notice, your landlord will continue to receive CITYFEPS payments from the NYC Human Resources Administration (HRA) in the amount of \$ _____ each month. But now you are responsible for paying your landlord the remaining part of your rent that your CA case is no longer paying. **So you must pay \$ _____ directly to your landlord each month starting _____.**

In addition to the above, the following also applies to you:

- Because you were not on CA from _____ through _____, you also have to pay the landlord for the difference between your rent and HRA's rental assistance amount in the total amount of \$ _____ for those months.
- Since your shelter allowance ends mid-month and your landlord will receive only part of the shelter allowance payment for that month, you owe your landlord \$ _____ for the month of _____, 2016.
- Neither of the above two checkboxes apply to you.

Please call HRA's Infoline at **(718) 557-1399** if you have any questions or if you think you will have difficulty making these payments.

Thank you.

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____
FH&C
Phone Number: _____
Action Code: _____

Assignment Information Summary

You have been assigned to work as a(n) _____

in the Work Experience Program (WEP). If you have been found to be "employable with limitations," a WEP listing of typical tasks is enclosed, which lists the kinds of tasks included in these work categories.

The number of hours you are required to work every week is _____ hours.

Child Care Hours: _____

You will receive carfare at the agency where you are assigned to work. Bring your HRA photo ID card. Your orientation location is:

Appointment Date: _____ Time: _____ Phone: _____

Agency Address: _____
Agency Name/Site

City: _____ State: _____ Zip: _____

Contact Person: _____

Travel Directions:

(continued on next page)

Your participation in this program is mandatory unless you receive another assignment, you become employed, or HRA determines that you have become unable to work or exempt for another reason such as:

- You have reached 60 years of age.
- You are in the last 30 days of pregnancy.
- You are a single parent caring for a child less than thirteen (13) weeks of age.
- HRA has determined you are needed at home to take care of a member of your household who is ill or incapacitated.

In order to receive your benefits, you must work the assigned number of hours at your work site, unless you have good cause not to work. If you fail to work the assigned hours without good cause, your benefits will be reduced or terminated.

This notice tells you what to do if you believe that you should not work or should receive a different assignment because of a medical problem, or you cannot come to work for another reason.

What if you believe that you should not be required to work because of a medical problem?

If you disagree with the determination that you are able to work, you may ask for a conference or a Fair Hearing, or both. Please see the Conference and Fair Hearing Information section of this notice for more information.

What to do if you think that you should be given a different work assignment because of a medical problem:

If you have already been determined as work limited by an HRA authorized medical practitioner, you have informed your work site supervisor of your limitations, and the agency has, to the best of its ability, made accommodations for your limitations, you may still contest the WEP assignment as medically inappropriate. The proper way to contest a WEP assignment is as follows:

1. Report to your assigned agency and find out about your assignment. You may discuss any issues you have about whether the assignment is appropriate with the person who gives you the assignment, your supervisor at the assignment, or the agency's WEP coordinator.
2. If you have not resolved the issue at your work site, you can also make an appointment to discuss your issues at a conference at HRA's Participants' Service Unit at **109 East 16th Street, Room 920A, New York, NY**. Call **(212) 835-8457**.
3. If you are not able to resolve your issues at the Participants' Service Unit conference, you may request a Fair Hearing. (Please see the Conference and Fair Hearing Information section of this notice for more information.)

What if your medical condition changes in a way that affects your ability to work?

Discuss any problem related to your medical condition with your work site supervisor and provide written documentation on your doctor's stationery that includes the doctor's name, the date, your diagnosis and prognosis, and states what work activities your condition prevents you from doing and why. The documentation must be an original, not a photocopy, and must be current.

The agency may change your assignment to another based on the medical condition described on the documentation you provide or the agency may refer you for a medical assessment.

You may refuse to work at an assignment on the basis that it is inconsistent with your medical condition. However, if it is determined at a Fair Hearing that there is no basis for your claim that you are unable to engage in the assigned work activities and that you intentionally misrepresented your medical condition, your benefits will be reduced as a sanction.

Follow the instructions in the **What if you receive a Notice of Intent to discontinue benefits?** section below if you receive a Notice of Intent as a result of a change in your medical condition of which the agency is unaware.

When can you be absent from your assignment?

You do not have to report to your assignment on holidays observed by your assigned agency, on your days of religious observance (must be documented), or when you have "good cause."

What is "good cause" for missing a day or days of work?

"Good cause" includes circumstances beyond your control such as, but not limited to, illness, family emergency, jury duty, appointments at an HRA office, school closings, lack of child care or child care payment problems, or lack of transportation. "Good cause" also includes employment interviews and temporary or part-time employment.

What to do if you cannot come to work or you are going to be late?

You must notify your supervisor by telephone as soon as you know that you are going to be absent or late. Give notice before your scheduled starting time. If you do not do so, you may lose benefits. When you return to your work site, you must bring any documentation that you can reasonably obtain to show why you were absent or late.

What happens when you are absent or late without good cause, fail to notify your supervisor that you will be absent or late, or fail to provide documentation?

If you are absent or late without good cause, you will receive a notice of failure to comply with your work assignment. You may also receive a notice for failing to notify your supervisor or failing to provide documentation. You will have the right to request a conciliation, conference and/or Fair Hearing within the time limit stated in the notice.

What if you receive a Notice of Intent to discontinue benefits?

If you receive a Notice of Intent to discontinue benefits because of failure to comply with your work assignment, you have a right to a Fair Hearing. Your benefits will continue, pending the Fair Hearing decision, as long as you make a request for a Fair Hearing within the time frame stated in the Notice of Intent.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

WEP Participant Typical Tasks by Assignment Cluster

Participant Name: _____
First Name
M.I.
Last Name

Case Number: _____

Office Services	Maintenance Services
<ul style="list-style-type: none"> ● answer telephones ● write messages ● make appointments ● greet and direct visitors ● give general information ● file records ● fax documents ● process routine papers ● make copies and collate ● set up meeting room ● data entry ● type on computer ● serve as messenger ● assist in mailroom ● pack and unpack ● check deliveries ● receive, store and distribute supplies ● assist with inventory control ● operate postage meter ● issue forms, supplies ● post expenses ● process vouchers ● do simple bookkeeping 	<ul style="list-style-type: none"> ● dust and polish ● sweep and mop floors ● wax and buff floors ● empty wastebaskets ● vacuum ● wash windows, walls, etc. ● clean toilets, basins, fixtures ● replace restroom supplies ● make minor repairs ● operate elevator ● remove refuse and debris ● inspect grounds, doors, windows ● report dangerous conditions ● report defective equipment ● fuel and service motor vehicles ● act as parking lot attendant ● maintain cleanliness of vehicles or garages ● load and unload materials ● remove snow, leaves, refuse ● perform simple gardening work ● perform hospital housekeeping tasks

Human/Community Services	
<p>Support Cultural Events</p> <ul style="list-style-type: none"> ● sew costumes ● set up display or exhibits ● distribute flyers ● collect fees, tickets 	<p>Assist Elderly at Home/Centers</p> <ul style="list-style-type: none"> ● shop ● clean home ● escort to clinics, Centers, etc. ● prepare meals ● provide emotional support ● provide simple bedside care
<p>Assist in Cafeterias, Food Programs</p> <ul style="list-style-type: none"> ● prepare food ● serve food ● set and clear tables ● clean kitchen 	<p>Assist Children</p> <ul style="list-style-type: none"> ● monitor play area ● monitor lunchroom ● assist teacher ● straighten up after activities ● help children with clothing ● read stories ● help in library
<p>General Services</p> <ul style="list-style-type: none"> ● provide information ● interpret ● serve as a parking attendant 	

Assignment Information Summary

PARTICIPANT INFORMATION

Name: _____ Case Number: _____
 First Name M.I. Last Name

Telephone Number: _____ CIN: _____

Address: _____ Case Type: _____

_____ ES Code: _____

City: _____ State: _____ Zip Code: _____ Job Center: _____

Borough of Residence: _____

SAMPLE

ASSIGNMENT INFORMATION

Agency: _____

Job Code: _____

Assignment: _____

Description: _____

NS Date: _____

Report Date: _____

Work Hours: _____

Child Care: _____

Comment(s):

INDIVIDUAL CHARACTERISTICS

High School: _____

Ex-Offender: _____

Ex-Addict: _____

Non-English Speaker: _____

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing. If you only ask for a conference, your benefits will not stay the same while you appeal. Your benefits will stay the same only if you ask for a State Fair Hearing. (See the Continuing Your Benefit[s] section.)

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at:
14 Boerum Place, Brooklyn, NY 11201.
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

If you have a disability, and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefit(s): Continuing Your Benefit(s): If our decision affects your benefits and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefits to the level that they were at before this notice, until a Fair Hearing decision is issued.

Please be reminded that if you ask for a conference only, and not a State Fair Hearing, within the time frame indicated in the Continuing Your Benefits section, your benefits will not stay the same.

If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

I do not want my benefits restored while I wait for the Fair Hearing decision to be issued.

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for work activity assignment issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency's decision is wrong because:

SAMPLE

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____